To: 19192872505 P.1/4

Jayed to Heigh Cale on 09/29/10

919-287-2505

Rev 7-1-2010

10007 7 1 11000	CERTIFICATION OF SELF ASSESSMENT
AGENCY	NAME: Franklin County Social Services (035)
<u>I. DAY SE</u> Yes <u>N/A</u> N	EET TRAINING O
x 🗆 🗆	1. The agency provided Day Sheet training for all appropriate staff during this past fiscal year. If yes, indicate the total number of staff trained. 58
II. SINGL	
Yes N/A N X [[1. The agency was audited by an objective public accounting firm this past fiscal year? <u>Audit firm Winston, Williams, Creech, Evans & Company, LLP was delayed for FY: 09-10 in their audit and it was done in July, 2010.</u>
x 🗆 🗆	Does appropriate staff review findings from the previous years' single audit as preparation for the current year audit? If no please explain.
x 🗆 🗆	3. All findings and questioned costs from previous year's single audit have been appropriately resolved. If no please explain.
III. COM	PLIANCE WITH APPLICABLE CIVIL RIGHTS LAWS
Yes N/A N X [] [
х 🗆 🗆	Workshop dated 9/22/06) 2. Is annual training provided to appropriate staff to review civil rights laws and expectations for providing benefits and services in a nondiscriminatory manner? (Dear Director Letter FAEP-14-2004, Civil Rights
x 🗆 🗆	Assurances; FNS Certification Manual Section 120.02 B) 3. Are required civil rights posters prominently displayed in the lobby/reception area(s) of the agency?
x 🗆 🗆	Director Letter PM-PC-03) 4. Are persons with Limited English Proficiency (LEP) provided the opportunity to obtain information from the agency both in person and by telephone?
х 🗆 🗆	[Dear Director Letter PM-PC-02-2008] 5. Does the agency have adequate staff and/or contracts in place to provide language interpretation to LEP customers when the need is identified? (Dear Director Letter PM-PC-02-2008)

	# ALV
Rev. 7-1-2010	
Yes N/A No X ☐ ☐	6. Does the agency have measures in place to communicate effectively with deaf or hard of hearing customers? (These may include sign language interpreters, access to a TTY machine or NC Relay telephone connectivity.)
v	(Dear Director Letter PM-PC-02-2008)
x 🗆 🗆	7. Does the agency have in place a Limited English Proficiency Plan?(Dear Director Letter PM-PC-02-2008)
x 🗆 🗆	8. Does the agency have the required non-discrimination statement on each locally developed form intended for and used by customers?
	(Dear Director Letter PM-PC-01-2007)
IV. ADDITI	ONAL INFORMATION/ EXAMINATIONS OF AGENCY
Yes N/A No	
x	1. Has the agency undergone any other examination, monitoring, or investigation (either by an external entity or by internal audit staff) during the past year? If yes, please indicate the name and date of the review.
	if yes, please indicate the name and date of the review.
x 🗆 🗆	2. Has the agency undergone any reviews by the Division of Social Services in the past year? If yes, please indicate the name and date of the review. Special Assistance: Compliance Monitoring-State Program Compliance Representative 07/09; Medicaid: State Quality Assurance Analyst 08/09, 10/09, 11/09 and 06/10; Program Integrity: Compliance Review-State Program Compliance Representative 04/10; Food and Nutrition Services: State Quality Assurance Analyst 09/09; Management Evaluation Review of 30 cases-State Program Compliance Representative 04/10; monthly QCR on 2 cases; DHHS Facility Services-Adult Care Licensure Section, completed on 08/04/09; Medicaid Transportation audit – May, 2010; State monitoring/review – LIEAP and CIP – April, 2010; Local Smart Start/Partnership for Children-reviewed daycare cases funded by Smart Start funds – November 2009 and April, 2010; Child Development Technical Assistance-reviewed subsidy records throught FY 09-10 totalling 9 visits.
(North Carolina The State of I Appropriate p	TTY ACCESS FOR INFORMATION SYSTEMS a Division of Social Services Information Security Manual) North Carolina's information and information systems are valuable assets that must be protected, policies and procedures, must be in place to protect all information assets from accidental or use, theft, modification, destruction, and to prevent the unauthorized disclosure of restricted
	vities / Information and Communication:
Yes N/A No X	1. When an employee changes positions within the agency, system access for the prior position is revoked. This request must be completed via an updated Information Resource Access Authorization Form (IRAAF).
x 🗆 🗆	2. When an employee terminates employment for any reason, the Security Officer will request the CSC to terminate all accesses immediately. This request must be completed via an updated Information Resource Access Authorization Form (IRAAF)

Rev. 7-1-2010 Yes N/A No

 $X \square \square$

3. The Agency Security Officer will review and document findings on the following reports for assigned security information systems. This review must occur at least every six months starting in FY beginning July 2009. Documentation of findings shall be kept for audit purposes. Appendix 13 of the Security Manual must be completed and kept on file for audit purposes. Reports:

SYSTEM	REPORT NAME		
Crisis Intervention Program (CIP)	In the CIP system, under the Reports		
YES – Franklin County	Section, click on the County Staff Listing		
	and select your county.		
Central Registry	NCXPTR: DHRCYA CYA SECURITY		
YEŞ – Franklin County	REPORT		
Eligibility Information System (EIS)	NCXPTR: DHREJA SECURITY REPORT		
YES - Franklin County	BY COUNTY		
Enterprise Program Integrity Control	NCXPTR: DHRFRD FRD440-1 ACTIVE		
System (EPICS)	USERS		
YES-Franklin Co			
Employment Programs Information	NCXPTR: DHRWFJ SECURITY-		
System (EPIS)	ACTIVE IDS		
YES-Franklin County			
Foster Care and Adoptions	NCXPTR: DHRPQA SECURITY TABLE		
YES – Franklin County	REPORT		
Foster Care Facility Licensing	NCXPTR: DHRFCF FCF FCF900-1		
System (FCFLS)	SECURITY REP		
NOT AVAILABLE			
Food Stamp Information System	NCXPTR: DHRSLA RACF SECURITY		
(FSIS)	COUNTY REPORT & DHRSLA RACF		
YES – Franklin County	SECURITY REFERENCE (if needed)		
Low Income Energy Assistance	NCXPTR: DHREPA LIEAP SECURITY		
Program (LIEAP)	REPORT		
YES - Franklin County			
Services Information System (SIS)	NCXPTR: DHRSYA SYA SECURITY		
YES – Franklin County	REPORT		

\mathbf{X}				
--------------	--	--	--	--

4. The Agency Security Officer will review and document findings on the following two reports: DHRBDA DHHS RACF USERID REPORT, available in NCXPTR; and the WIRM REPORT PROD report, available via the WIRM portal (https://wirm.dhhs.state.nc.us). The "Local DSS System Access Control" form must be emailed to DSS.Security.Review.Manager@dhhs.nc.gov to document findings of these reviews. The reviews must be conducted monthly and documentation must be emailed to the Performance Management Section (at the email address above) by the 20th of each month, unless an alternative schedule is specified by the DHHS Privacy and Security Office and the Performance Management Section.

Please list dates Agency Security Officer completed the above listed Security Reviews. 12/11/09 and 08/30/10.

RACF review is done every month, last date completed 08/17/10; WIRM reviews – March 25th, April 20th, May 13th, June 21st, and July 15th, 2010.

Rev. 7-1-2010

CERTIFICATION

I hereby certify that the Franklin County Department of Social Services has on file a completed "Subrecipient Self-Assessment of Internal Controls and Risks" dated <u>September 15, 2008</u>. To the best of my knowledge there has been no significant deviation from the indicated responses on that document.

Signature, Agency Director

Date 29 2010